

**REPORTLINE**  
**Virginia Department of Accounts**  
**LOCALITY REQUEST FORM FOR CARS MONTHLY REPORTS ACCESS**

<b>Date</b> _____ <b>Logon ID (Create One)</b> <i>(7 to 9-Character/Alpha-Numeric)</i> _____ <b>Your FIPS Number</b> _____ <b>Locality Name</b> _____ <b>Name</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span><i>First</i></span> <span><i>Middle Initial</i></span> <span><i>Last</i></span> </div> <b>Signature</b> _____ <b>Email Address</b> _____ <b>Telephone</b> _____	<b>User</b> <i>(check one)</i> <input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office  <b>Action</b> <i>(check one)</i> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
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**Authorized by (Locality):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Entered by (DOA):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**Return Form To:**



Michael Rider, EDP  
 Virginia Department of Accounts  
 P. O. Box 1971  
 Richmond, VA 23218-1971



804 / 225-3051

**FAX**

**804 / 371-8587**